

# Request Of Exemption For Inactive Practitioner for the The Kansas State Board of Mortuary Arts

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Funeral Director License Number \_\_\_\_\_ Embalmer License Number \_\_\_\_\_

The applicant agrees not to engage in the practice of embalming and/or funeral directing in the State of Kansas without first complying with all regulations governing reinstatement after exemption.

## Affidavit of Inactive Practitioner

State Of \_\_\_\_\_, County Of \_\_\_\_\_, ss

I hereby agree not to engage in the practice of embalming and/or funeral directing in the State of Kansas without first complying with all regulations governing reinstatement after exemption pursuant to K.A.R. 63-6-6. Reinstatement of inactive status must be applied on forms provided by the Kansas State Board of Mortuary Arts.

I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct.

(Signed) \_\_\_\_\_

(Address) \_\_\_\_\_

(City, State, Zip) \_\_\_\_\_

(County) \_\_\_\_\_